

Name of Holder:

Tax ID#:

Office of Auditor of State Andrea Lea

Holder Request for Reimbursement

SUBMIT BY MAIL: 1401 W. Capitol Ave., Ste. #325 LITTLE ROCK, AR 72201

PART I: HOLDER INFORMATION

Telephone #:

SUBMIT BY FAX: (501) 683-4285

Address:

Contact Name:

erty Owner's Name (exactly as listed on	Owner's Adddress (exactly as listed on report) Street Address or P.O. Box	Claimant's Name & Address	Date Paid to	Amount for	
erty Owner's Name	Owner's Adddress (exactly as listed on report)		Date Paid to	Amount for	
•	(exactly as listed on report)		Date Paid to	Amount for	
e (exactly as listed on	<u> </u>	(if different from owner)		7 tillouit ioi	
	Stroot Address or D.O. Boy	(ii dinerent nom owner)	Claimant	Reimbursement	
	Street Address of F.O. Box	Name		\$	
	City, State, Zip	Street Address or P.O. Box			
		City, State, Zip			
tted in error, please explain:	•	•		1	
OTARIZATION					
scribed before me this	l,	, a duly authorized representative	of the holder listed	above, do hereby certify that the	
, 20	above-listed funds, or other property which was listed in the unclaimed property report which was filed by the holder, have				
	been paid to the rightful owner(s) or to	heir appointed representative. I agree, up	on payment of the a	bove-described property,	
Evnires:	to indemnify the State of Arkansas ar	ad hold it harmless from all claims and los	eee demande coete	and other evnences which	
			•	•	
	the property to any other person or pe	the property to any other person or persons.			
	Name of Representative (type or prin	t):	· · · · · · · · · · · · · · · · · · ·		
	Signature of Holder Represer	ntative:	Date	9:	
E	R CERTIFICATION DTARIZATION Discribed before me this	R CERTIFICATION DIARIZATION Discribed before me this	tted in error, please explain: CERTIFICATION	tted in error, please explain: R CERTIFICATION DTARIZATION DISCRIBED BEFORE THE STATE OF THE PROPERTY OF TH	

City:

State:

E-mail Address:

Zip: